

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	P01487-US-00 (13030.0013)
	First Named Inventor	MOORHOUSE, David et al.
	COMPLETE IF KNOWN	
	Application Number	10/599,917
	Filing Date	October 13, 2006
	Group Art Unit	Unknown
	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEAT SUSPENSION SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR
☒ was filed on (10/13/2006)

10/599,917

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I acknowledge that the practitioners at Customer Number 22446, are the attorney(s) or agent(s) of the assignee of my invention and will prosecute the above-identified application, and will transact all business in the United States Patent and Trademark Office connected therewith on behalf of the assignee.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


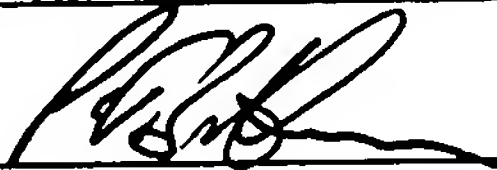
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB2005/001433 0408366.3	PCT GB	04/15/2005 04/15/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	22446		OR <input type="checkbox"/> Correspondence address below	
Name Mark C. Reichel						
Address ICE MILLER LLP, One American Square, Suite 3100						
City Indianapolis				State IN	ZIP 46282-0200	
Country USA			Telephone (317) 236-5882		Fax (317) 592-5453	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) David			Family Name or Surname Moorhouse			
Inventor's Signature 					Date 5 March 2007	
Residence: City Long Buckby		State Northampton	Country GB	Citizenship GB		
Mailing Address 37 High Stack, Long Buckby, Northampton, NN6 7QT, Great Britain						
City Long Buckby		State Northampton	ZIP NN6 7Q7	Country GB		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Phillip			Family Name or Surname Britton			
Inventor's Signature 					Date 15/03/07	
Residence: City Wellingborough		State Northampton	Country GB	Citizenship GB		
Mailing Address 115 Bourbon Way, Wellingborough, Northampton, NN8 2NW, Great Britain						
City Wellingborough		State Northampton	ZIP NN8 2NW	Country GB		
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						